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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 23 2004

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In re Application of:
EDWARD J. PETRUS) Examiner: Rachel L. Porter
)
)

Serial No. 09/444,660

) Group Art Unit: 2166
)
)Filed: November 22, 1999
)
)

For: DIETARY SUPPLEMENT SELECTOR AND METHOD

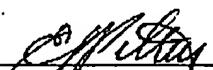
Assistant Commissioner for Patents
Washington, DC 20231PETITION TO MAKE SPECIAL

The Appellant in the above styled application, petitions the Commissioner under § 708.02 to make special due to the applicant's age. No fee is required for such a petition. The Appeal (Appeal No. 2003-2002) was received by the Board of Patent Appeals and Interferences on August 6, 2003. The Appeal Brief was filed on April 4, 2003, and Reply Brief on July 8, 2003. In support of the Appellant/Applicant's age a copy of his birth certificate and Honorable Discharge from Service in the United States Army is attached.

Conclusion

It is the Applicant's belief that a Petition to the Commissioner under 37 CFR § 1.102(c) to Make Special due to the Appellant's age is appropriate. It is therefore petitioned that relief be granted under 37 CFR § 1.102(c), that an expedited Appeal be granted.

Respectfully submitted,


Edward J. Petrus, M.D.
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February 23, 2004RECEIVED
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APPEALS
AND INTERFERENCES

Reg. No. 90660

**DIVISION OF VITAL STATISTICS
BUREAU OF HEALTH
CITY OF TRENTON
NEW JERSEY**



THE FOUNDATION OF OUR NATION

Certificate of Birth Registration

This Certifies that,

department bearing the name of

Edward Joseph Petrus, Jr.

was born on

Nov. 6, 1939

at Trenton, N.J.

Name of father

Edward Petrus

Name of mother

Anne Pegodin

Name of attending physician

John A. Kinzel, M.D.

Date of birth

11-9-39

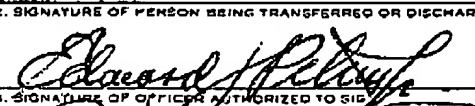

Harriet V. Cole

Date of record

11-9-39

REGISTER OF VITAL STATISTICS

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME PETRUS EDWARD JOSEPH JR				2. SERVICE NUMBER 05 718 872		3. SOCIAL SECURITY NUMBER 156 28 6308		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-USAR-MC				50. GRADE, RATE OR RANK CPT (See 30)		5. PAY GRADE 0-3		6. DATE OF RANK 23 Aug 67
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Trenton New Jersey				9. DATE OF BIRTH 6 Nov 39		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 28 30 39 466				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board #30 Trenton New Jersey				c. DATE INDUCTED NA
	11a. TYPE OF TRANSFER OR DISCHARGE Relieved from Active Duty				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis Washington				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY Expiration of Active Duty Commitment				d. EFFECTIVE DATE 22 Aug 69		e. TYPE OF CERTIFICATE ISSUED NONE		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND AFES Spokane Washington				13a. CHARACTER OF SERVICE HONORABLE		15. REENLISTMENT CODE NA		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (REINFORCEMENT) USAAC ST LOUIS, MISSOURI 63132				15. REENLISTMENT CODE NA				
	10. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION NA				17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Inductant) <input type="checkbox"/> ENLISTED (Mar Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered to AD from USAR		b. TERM OF SERVICE (Years) NA		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC CAPTAIN		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Trenton New Jersey				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 27 Bonnie Rae Drive Trenton New Jersey 08620				22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE D3128 Neurology		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		c. DATE OF ENTRY 23 Aug 67				
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM				25. EDUCATION AND TRAINING COMPLETED Army Medical Service Officer Basic Course				
	26a. NON-PAY PERIODS TIME LOST (Pending Two Years) NA		b. DAYS ACCRUED LEAVE PAID 33		27a. INSURANCE IN FORCE (NSU or USGU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		
	28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> NONE						
	30. REMARKS CIVILIAN EDUCATION: 9 Years College, MD Degree in Medicine BLOOD GROUP: O Positive Item 5a: Temp CPT AUS, aptd 23 Aug 67; Perm 1LT USAR, aptd 13 Jun 67								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item #21				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER JOHN L HASTIE MAJ INF ASST ADJUTANT				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				

DD FORM 214

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DATE: 2/23/2004

NO. OF PAGES (including cover) 4

TO: OFFICE OF PETITIONS

FROM: _____

FAX NO. 703-872-9306

MESSAGE: ATTACHED IS A PETITION TO MAKE SPECIAL FOR
AN APPLICATION THAT IS CURRENTLY BEFORE THE BOARD
OF PATENT APPEALS AND INTERFERENCE. YOUR RESPONSE
WILL BE APPRECIATED

[Signature]

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